LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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Page____ of ____Page(s)
THIS SPACE FOR OFFICE USE ONLY

SECRETARY OF STATE STATE OF IDAHO (Type or print clearly in black ink) See instructions at bottom of page Period covered Lobbyist's name and permanent business address Date prepared year ending Vikki Reynolds 1/2/06 Idaho Association of School Administrators (Day) (Yr.) (Mo.) 777 So. Latah, Boise, ID 83705 12 31 05 Item Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity * Total Amount for Item 3, at bottom of page.) All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone 141.36 141.36 Other Expenses or Services 141.36 141.36 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Date Amount Names of Legislators & Public Officials in Group Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS No.1 Idaho Association of School Administrators Who should file this form: Any lobbyist registered under Section 777 So. Latah, Boise, ID 83705 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. No.2 TO BE FILED WITH: Ben Ysursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No.4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or personal property to any Legislator, or for or on behalf of any legislator.							ey or other tangible or intangible	
	I	ate	Amount		Name of Legislator Receiving or Benefited				
	Subje	ect matter	of proposed legisla	tion, the number of the Senate	T	LEGISLATIVE SUE	VECT	IDENTIFICATION	
l tem 5	or He	fouse Bill, Resolution or other legislative activity in which Lobbyist was supporting or opposing.			Code Subject Code Subject				
Subject			solution or Other	Appropriation Bill Number	οι	Agriculture, horticulture,	17	Health service, medicine, drugs	
08 11 15 17 21	table)	S100 S102 S104 S1.4 S1.4 SCF SJM H00 H021 H025 H031 H031 H031	S1002, 1017-22 S1002, 1017-22 S1028,1045-45 S1049-50; 1066, S1108,1123, S1144-49, 1170, S1172-73 SCR103, 111; SJM101, 106; H0044, 0076, H0098, 0202 d0216-17,0274a, H0254,0263-64, H0274,0287, H0315,0349-50 H0367; HJR1, ICR15,17,19-20; HCR23		08 09 10 11 12 13 14	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, seaior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, federal Government, federal Government, special districts Government, special districts Government, state	22 23 24 25 26 27 28 29	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding liealth insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
				above is a true, complete and		Employer No. 2 signature Employer No. 3 signature	olo	Date Date Date	
correct statement in accordance with Section 67-6624 Idaho Code.						Employer No. 4 signature		Date	